

Parents Commission Sponsorship Evaluation Sheet

APPLICANT: _____

AMOUNT REQUESTED: _____

REVIEWER: _____

Instructions: Refer to the application to respond to each of the questions below. If “yes” or “N/A” is marked for items one through twelve, the applicant is eligible for sponsorship.

1. Is the applicant a school/school district and institution of higher education, non-profit 501 (c) 3, local government entity, or a tribal nation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
2. The applicant has NOT received a sponsorship from the Parents Commission in this fiscal year.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
3. The applicant is NOT currently receiving funding from the Parents Commission.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
4. Did the organization provide an EIN number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
5. Did the organization provide contact information (name, address, telephone & email)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
6. Is the purpose of the sponsorship clearly identified and aligned with the mandate of the Parents Commission? (The Parents Commission mandate is to fund programs that increase and enhance parental involvement, and increase education about the serious risks and public health problems caused by the abuse of alcohol and controlled substances.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
7. Did the organization provide a date a location if requesting sponsorship for an event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Notes:
8. Does the applicant demonstrate that the request meets the legislative purpose of the Parents Commission? (The Parents Commission mandate is to fund programs that increase and enhance parental involvement, and increase education about the serious risks and public health problems caused by the abuse of alcohol and controlled substances.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
9. Is the target population clearly defined, based on the stated problem or issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:

10. Are the items listed in the budget reasonable and the funding amount appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
11. Do all items requested fit within a budget category in the sample budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes: